**Regional Award for Nurse with Outstanding Contribution to EMS**

**Nomination Form**

*CRITERIA:* A nurse who exemplifies outstanding service in emergency medical services; knowledge and performance of EMS nursing skills; and high standards of cooperation and leadership with other EMS personnel and agencies. Highest consideration is given to performing a nursing role in a hospital or clinical setting such as precepting, education or quality assurance programs. Nurses who have demonstrated excellence as a prehospital provider or instructor should be nominated for those categories.

*ELIGIBILITY:* Any Virginia licensed nurse serving in an active role with local, regional, statewide and or national EMS.

**\_\_✓\_\_** Award for Nurse with Outstanding Contribution to EMS

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| --- | --- | --- | --- | --- | --- | --- |
| **Nominee Name:** |  | | | | | |
| **Address:** | Street: | | | | | |
|  | City: | | | State: | Zip: | |
| **Email:** |  | | | | | |
| **Phone:** | Work: | | | Cell: | | |
| **Agency Affiliation:** |  | Position: | | | | Years of Service: |
| **Nominee License Number:** |  | | Expiration Date: | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Nomination Submitted By:** |  | | | | |
| **Address:** | Street: | | | | |
|  | City: | State: | | | Zip: |
| **Email:** |  | | | | |
| **Phone:** | Work: | | Cell: | | |
| **Nominator’s Signature:** | | | | **Date:** | |

**DOCUMENTATION SUPPORTING NOMINATION**

**Read each statement carefully and answer completely**. Limit documentation to the information requested. ***Bullet statements are recommended.*** One letter of support written by someone other than nominator **must be** included. Up to three documents, including the letter of support, may be attached to the nomination form. Other documents may include a resume or CV, a newspaper article written about the nominee, etc.

**Please address the following items:**

Brief Abstract of Person being Nominated: Summarize and justify why this person should receive this award**. You are encouraged to consider the following questions when providing your response to this section.**

* 1. How does this nurse exemplify outstanding service to EMS?
  2. Describe this nominee’s knowledge and performance, interaction and collaboration with EMS personnel and agencies.
  3. Does this nominee perform a nursing role in a hospital or clinical setting, such as precepting, educating or quality assurance programs?
  4. Does this nurse serve on any local, regional, statewide and or national EMS committees or groups?
  5. Additional recognition, awards and or commendations pertaining to EMS.

**Photo Required:** A high-resolution digital photo of the nominee **must** be included. Provide a color photo (with good lighting) of just the nominee.

Governor’s EMS Awards

* Only regional winners will be judged at the state level in the Governor’s EMS Awards program.
* The EMS Awards Selection Committee will review the first place winners in each of the Regional EMS Councils competition categories. Winners selected at the state level will be forwarded with the Committee’s recommendations to the Governor.
* Governor’s award nominees become ineligible to receive the Governor’s EMS Award if they have won in the same category within the last five years.
* If the applicants in an award category fail to meet the required criteria, then the Nomination Committee can omit the selection of a winner for that category. If a nominee is better suited in another award category, the Regional EMS Council is responsible for making that change before submitting it to the Committee.

**Guidelines**

* Anyone may submit nominations for the Regional EMS Awards.
* Nominations for the Governor’s EMS Awards **MUST** be submitted through the Regional Awards Program. Failure to do so will render the nomination invalid and it will not be presented to the Governor’s EMS Awards Selection Committee.
* For all categories, the nomination may be based on a pattern of conduct/activities that has culminated in an exceptional improvement of the emergency medical services system in the locality, region or state. The nomination may also be based on a single unusual event that was beyond ordinary duty.
* Using the official Nomination Form on the Regional EMS Council webpage, nominations can be submitted electronically or typed on the Nomination Form and mailed to the Regional EMS Council.
* The person making the nomination should have extensive knowledge of the nominee’s qualifications and carefully select the category that most appropriately matches the nominee’s accomplishments.
* **The nominee must have current licensure or certification in the category in which he or she has been nominated.**
* One letter of support written by someone other than nominator **must be** included. Up to three documents, including a letter of support, may be attached to the nomination form. Other documents may include a resume or CV, a newspaper article written about the nominee, etc.   
  One letter of recommendation and a maximum of two additional attachments, which can include a resume or CV, a newspaper article written about the nominee, etc.

**Don’t send nomination form until you’ve completed this checklist!**

**🞏 Did you supply all the information required on the nomination form and the type of information that will help judges select the most outstanding nominee?**

**🞏 Has the nominee met all of the criteria for this award category? If not, please consider another category. Nominees that are incorrectly categorized will not be considered.**

**🞏 Did you include supporting materials if the category requires them?**

**🞏 Did you include a high resolution digital photo of the nominee?**

**🞏 Will you meet the required deadline for entries?**